

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1420-07-513-003

After Recording, Return and Mail Tax Statements to:

JULIA A. BLAIR
8728 Rogue River Ave
Fountain Valley, CA 92708

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

JULIA A. BLAIR, of legal age, being first duly sworn, deposes and says:

1. By instrument dated October 17, 2002, JERRY P. BLAIR and JULIA A. BLAIR executed the BLAIR FAMILY TRUST.
2. Said Trust appointed me to serve as sole Trustee upon the death or incapacity of JERRY P. BLAIR.
3. JERRY P. BLAIR deceased on January 12, 2021, at Douglas County, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said JERRY P. BLAIR.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Trustee.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached and is commonly known as 902 Vista Park Drive.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Trustee with respect to the Trust's interest in the described property.
7. No other person has a right to the interest of the Trust in the described property.
8. The described property shall be transferred to me as Trustee.

Executed this July 8, 2021, 2021, at Carson City, Nevada.

Julia A. Blair
JULIA A. BLAIR, Trustee *Trustee*

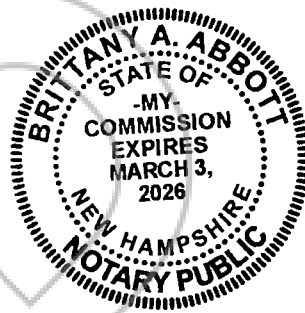
-LOOSE JURAT CERTIFICATE ATTACHED

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

New Hampshire
State of ~~California~~
County of Merrimack)

Subscribed and sworn to (or affirmed) before me on this 8th day of July, ~~2019~~, ²⁰²¹
by Julia A. Blair
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Brittany Abbott (Seal)



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH OF TRUSTEE
DATED July 8, 2021
Blair

EXHIBIT B

LOT J-27, IN BLOCK J, AS SHOWN ON THE FINAL MAP NO. 1007-4 OF VALLEY VISTA ESTATES, PHASE 3 RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA ON JULY 28, 1998, IN BOOK 798 AT PAGE 5872, AS DOCUMENT NO. 445464, OFFICIAL RECORDS.

APN: 1420-07-513-003

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4190793

2021000729
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|---|--|---|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerry Paul BLAIR | | 2. DATE OF DEATH (Mo/Day/Year) January 12, 2021 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an number) 902 Vista Park Drive | | 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 91 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) December 18, 1929 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julia A LOCKWOOD | |
| 13. SOCIAL SECURITY NUMBER 6975 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Deputy Sheriff | | 14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 902 Vista Park Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald Ronald BLAIR | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ann Francis ROEDER | | |
| 18a. INFORMANT- NAME (Type or Print) Julia A BLAIR | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 902 Vista Park Drive Carson City, Nevada 89705 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD304 | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701 | |
| TRADE CALL - NAME AND ADDRESS | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED | | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) | | |
| 21b. DATE SIGNED (Mo/Day/Yr) January 14, 2021 | | 21c. HOUR OF DEATH 07:45 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22e. PRONOUNCED DEAD AT (Hour) | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419 | | | | 23b. LICENSE NUMBER 1125 | |
| 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2021 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I | | | | | |
| (a) Cardiac Arrest | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) Atherosclerotic Cardiovascular Disease | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) Hypertension | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) | | | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Advanced Age | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | | | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |



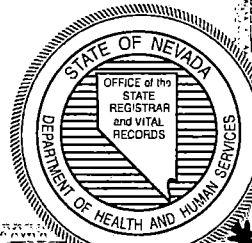
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/21/2021

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Joe Shughart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE